

Mississippi LLC Certificate of Dissolution or Cancellation



The undersigned, pursuant to Senate Bill No. 2395, Chapter 402, Laws of 1994, hereby executes the following Certificate of Dissolution or Cancellation and sets forth:

1. Name of Limited Liability Company

⇒

⇒

**2. The reason for filing the certificate of
(Complete and mark appropriate box)**☐

dissolution

☐

cancellation is

⇒

⇒

⇒

**3. The future effective date of
(Complete and mark appropriate box)**☐

dissolution

☐

cancellation is

⇒

4. Any other information the members or managers determine to include

⇒

By: Signature

(Please keep writing within blocks)

Printed Name

Title

Street and Mailing Address

⇒

Physical
Address

⇒

P.O. Box

⇒

City, State, ZIP5, ZIP4

Mississippi LLC Certificate of Dissolution or Cancellation



By: Signature

(Please keep writing within blocks)

Printed Name

Title

Street and Mailing Address



Physical
Address



P.O. Box



City, State, ZIP5, ZIP4

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